

Final Plat Application (See Categories Below*)
Durham City-County Planning Department
(Both Pages Must be Completed and Application Signed by Applicant)

Project Summary

Project Name (No Duplicates)	(Also List Former Names if Changed)		
Use of Property	Proposed:	Existing:	
Acreage	Project Area:	Total Tract/Project:	
Application Type*	<input type="radio"/> Final Plat <input type="radio"/> Exempt Plat <input type="radio"/> Condominium <input type="radio"/> As-Built/Impervious Swap		
Jurisdiction for Review	<input type="radio"/> City <input type="radio"/> County, Inside UGA <input type="radio"/> County, Outside UGA		
Tier	<input type="radio"/> Downtown <input type="radio"/> Compact Neighborhood <input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural		
Basin	<input type="radio"/> Neuse <input type="radio"/> Cape Fear		
Zoning District	Present/Proposed Zoning:	Zoning Case Number(s):	
Watershed	Name of Overlay:	Existing % Impervious Surfaces:	
	Proposed % Impervious Surfaces:	Area of Proposed Impervious:	
Other Overlays	Name of Overlay:		

Applicant/Contact Person

Name & Organization:		
Street:		
City, State, Zip:		
Phone:	Fax:	Email:

Owner

Name & Organization:		
Street:		
City, State, Zip:		
Phone:	Fax:	Email:

Project Location

Address:			
Location Description:			
PIN (12 digits)	Acreage	PIN (12 digits)	Acreage

Attach additional sheet if needed.

Signature of Applicant Required for Processing	Print Name & Company	Date

Staff Use Only – Triage Results

Status	<input type="radio"/> Accept <input type="radio"/> Hold <input type="radio"/> Not Accept (If hold or not accept, applicant called /e-mailed by _____ & date _____)
Missing Items from Triage:	Correct # of Plans: <input type="radio"/> Yes <input type="radio"/> No # needed _____
Date Application Complete:	Comments Due:
Assigned Case Planner:	Assigned Case Number:
Project Scope:	

Final Plat Application -- Durham City-County Planning

Project Name			
Previously Approved Plans		Previous Planning Approval Case Numbers:	
Residential Units: Proposed Number of of Each Type and Density Proposed (in Units/Acre)	Number of Each Type of Residential Unit		Proposed Density (Units/Acre)
	Single Family:		
	Traditional Homes:		
	Semi-Attached Homes:		
	Duplexes:		
	Residential in Non-Residential Zone:		
	Zero Lot Line:		
	Patio Homes:		
	Multiplexes:		
	Condominiums:		
	Townhouses:		
	Apartments:		
	Upper-Story Residential:		
Type of Subdivision and Intensity Options Proposed	<input type="checkbox"/> Standard <input type="checkbox"/> Cluster <input type="checkbox"/> In-Fill <input type="checkbox"/> Lot Averaging <input type="checkbox"/> Major Roadway Density Bonus	<input type="checkbox"/> Conservation (Attach Site Analysis) <input type="checkbox"/> Affordable Housing Density Bonus <input type="checkbox"/> Density Transfer from Parcel _____	
Total Residential Density	Existing (with type):	Proposed:	
Total Non-Residential Sq. Ft.	Existing:	Proposed:	
Public Open Space	Required Area:	Payment In Lieu Proposed? _____	
Environmentally Sensitive Areas on Site (Check All that Apply)	<input type="checkbox"/> Floodplain <input type="checkbox"/> Stream Buffers <input type="checkbox"/> Steep Slopes	<input type="checkbox"/> Wetlands <input type="checkbox"/> Natural Inventory Sites <input type="checkbox"/> Historic Resources <input type="checkbox"/> Landmark	
Other Pending Applications (Check All that Apply and Provide Case Numbers if Applicable)	<input type="checkbox"/> Zoning Map Change (Case ZO _____) <input type="checkbox"/> Site Plan/ Preliminary Plat _____ <input type="checkbox"/> Major Special Use Permit _____ <input type="checkbox"/> Minor Special Use Permit _____ <input type="checkbox"/> Variance for _____ <input type="checkbox"/> Comprehensive Plan Amendment <input type="checkbox"/> Historic Preservation Commission Review	<input type="checkbox"/> Street Closing _____ (Street Name) <input type="checkbox"/> Street Name Change _____ (Name) <input type="checkbox"/> Appearance Commission (Date _____) <input type="checkbox"/> Annexation (Effective _____) <input type="checkbox"/> Design District Review Team <input type="checkbox"/> Neighborhood Protection Overlay	
Special Exceptions Requested			
Submittal Schedule			
Final Plats – Any day-- all plans submitted before 11 am each Friday will be sent out the following week for a 2.5 week review			
Exempt Plats – Any day-- reviews will usually be completed within one to three business days, as schedule and workload permits			
For Staff Use Only			
Fee Calculation: Base Fee = \$ _____ + (\$25 per lot X _____ lots = \$ _____) = \$ _____ Subtotal X 4% surcharge (\$ _____) = Total Fee Required = \$ _____			
Fees Paid: _____ Check # _____		Received by:	Submittal Date:
Stormwater Checklist Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		SW Calculations/ N2 Study <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Special Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Copies of Written Agreements <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Plan Distribution*			
Planning <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Wks Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	NC DOT <input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental Planning <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspections <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Works Stormwater <input type="checkbox"/> Yes <input type="checkbox"/> No	Parks & Rec (Greenways) <input type="checkbox"/> Yes <input type="checkbox"/> No	DOST <input type="checkbox"/> Yes <input type="checkbox"/> No
Public Works Eng <input type="checkbox"/> Yes <input type="checkbox"/> No	Co Stormwater <input type="checkbox"/> Yes <input type="checkbox"/> No	Co Sed & Erosion Control <input type="checkbox"/> Yes <input type="checkbox"/> No	County Environmental Health <input type="checkbox"/> Yes <input type="checkbox"/> No
Addressing <input type="checkbox"/> Yes <input type="checkbox"/> No	Co Open Space <input type="checkbox"/> Yes <input type="checkbox"/> No		